

## **Creating A Secure Medicinal Marijuana Program**

By New Jersey Health and Senior Services Commissioner Mary E. O'Dowd

It is not a simple matter to create a program to grow and dispense marijuana in New Jersey for medicinal use. The Department of Health and Senior Services, along with the Attorney General's Office, the Department of Agriculture and other state agencies, is building a new, secure network of nonprofit Alternative Treatment Centers (ATC) from the ground up to provide qualified patients with access to medicinal marijuana.

Secure systems are needed to grow, package, test, inspect, transport, dispense and dispose of a substance, which we must always bear in mind is considered a Schedule 1 drug under federal law. Schedule 1 drugs are not considered legitimate for medical use.

The State is actively moving forward to make this program a reality and we have made substantial progress. We've developed a responsible, first-in-the nation permitting process to thoroughly vet the financial and personal backgrounds of the six nonprofit agencies awarded bids to grow and sell to patients. We've adopted regulations that strike an appropriate balance between public safety and access for qualified patients.

One ATC is nearing completion of the investigatory process. Department officials frequently meet and communicate with them to monitor progress. Others who hope to operate an ATC are actively at work to secure approved municipal locations.

The Department will publish on its website—in mid-March—the names of more than 100 physicians who have registered to participate in the program. This will help attending physicians and their patients find doctors who will help them secure access to medicinal marijuana.

John H. O'Brien, a 26-year veteran of the New Jersey State Police, directs our program. He brings the leadership and experience to interface effectively with law enforcement and develop the appropriate oversight and security protocols.

The state is working to ensure that as this complex program begins, it protects public safety and ensures the integrity of the ATCs for the patients and the communities supporting it. Its long-term success depends on careful and serious consideration of the issues involved.

Government must address questions about the relationship to federal law, security, finances, regulatory compliance and law enforcement, including a surveillance system for cultivation sites and dispensaries, plus fingerprint checks of every owner, officer, director and employee. Law enforcement has to be trained to differentiate between a Department-issued identification card and a forgery. Secure computer software systems must be in place. The ATCs and the state must be able to provide testing similar to other controls over plants or consumer products. The ATCs must be able to exchange confidential patient information with one another and the Department.

The Department's medical-model is intended to provide safeguards for patients. The professionals who provide for the distribution, research and safety of legal medications - pharmacists, medical schools, academia, and pharmaceutical companies – are not part of the medicinal marijuana law created by the Legislature and signed two years ago in the final hours of the previous administration. There is no pre-existing model or infrastructure.

Governor Chris Christie, like the Governors of Washington state and Arizona, had legal concerns about the potential for federal actions against growing and dispensing and the liability of state workers. So he -- like other Governors --sought guidance from the U.S. Department of Justice. While the Washington state governor vetoed the legislation and the Governor of Arizona filed a lawsuit to block implementation, Governor Christie decided to move forward in July.

While polls indicate a majority of residents approve of making medicinal marijuana available to patients, many residents have publically opposed the cultivation and dispensing of medicinal marijuana in their communities.

We empathize with patients who are frustrated and waiting for access. But, no ATC can open in a community without the appropriate municipal approval or community support. New Jersey learned from other states, which tried to place controls on distribution sites after communities raised concerns about proliferation. Those who advocate for speedy marijuana distribution seem to forget New Jersey is a "home rule" state.

I am certain that once the first ATC is up and running, the public will see that it is operated safely and securely and that it is dispensing only to qualified patients. Everyone will see the Department has taken its responsibility seriously and the steady progress of other ATCs may begin to be welcomed by other communities.

Mary E. O'Dowd is the Commissioner of the New Jersey Department of Health and Senior Services.